CHEVRON JOB HAZARD ANALYSIS FORM NOTE: This form is brought to the work site by the first representative of each craft. (Page 1 of 2)

	JOB NO.: LOCATION:								
MAINT. SUPERVISOR: PHONE NO.:									
PERATOR-Print Name and CAI: PHONE NO:									
MECHANICS- Print Name and	WHITE CARRY PARTY PROGRAMMENT OF THE PROGRAMMENT OF			IPANY					
									
DESCRIPTION OF WORK:									
TODIT TOD SITE VISIT (I	TOTAL	0 1	7. (1 · B		. 10	Yes	No	N/A
JOINT JOB SITE VISIT (J. Isolation List: Review list, operato						eted?>	168	INO	IN/A
dead leg)	or points	out an	isoratio	on and d	epressurization points (n	ust oreak, low point,			
Radiation Sources Identified and	Isolated	:		Lo	ocation:				
Electrical Isolation Verification:	Electricia	an lock	on loc	kbox, T	he Operator is responsib	le for ensuring			
all personnel are clear of hazards wh									
Operator test start/stop switch.									
Isolation Lock Key: If no electrician, first craft representative witnesses key deposited in lockbox.					lockbox.				
Locks and Tags Installed: Confirm that all locks and tags are installed per RI-9900.									
Additional Work Permits reviewed and signed—All permit numbers must be listed below:									
Ignition Source # General Work # Switch Card #						,			
High Heat # Excavation # Other:									
Fresh Air #	C	onfine	d Spac	e #		-			
-			•	-		-			
									_
Hazardous Materials: MSDS #:					Gas Test Requir				
Hazardous Materials: MSDS #: Personal Protective Equipment re Goggles Face shield		— chec nical Su			pply: Respirator =				
Personal Protective Equipment re	Chem	nical Su	uit	Chen	pply: Respirator nical Gloves Tape/	Hearing Protection			
Personal Protective Equipment re	Chemwash/Saf	ical Su ety Sho	uit ower, F	Chen	pply: Respirator nical Gloves Tape/	Hearing Protection			
Personal Protective Equipment re Goggles Face shield Safety Equipment identified: Eyes	Chemwash/Saf Hazards r	ety Shoreviewe e., in-p	nit ower, F ed. lant ho	Chen Fire Equi	pply: Respirator Tape/ pment. not taps, leak seals, live i	Hearing Protection Barricade Required relief, Scott Air).		U U	□ □ □ □ □ No
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CHEVRON JOB HAZARD ANALYSIS FORM (Page 2 of 2) ${\bf NOTE} : \ \, {\bf This form is brought to the work site by the first representative of each craft.}$

MACHINIST SP	ECIFIC ISSUES		Yes	No	N/A
Circuit breakers/valves verified chained and l					
Bleeder valves open and cleared (verified)?					
Steam turbine OST valve tripped, if applicable	le'?				
Comp. worm gear disengaged before start-up		ers closed?			
CRANE & RIGGING SPEC			Yes	No	N/A
Critical lift plan					
Crew knows hand signals?					
Weight of piece confirmed?					
Radius confirmed?					
Overhead obstructions?					
Ground level obstructions?					
Ground in stable condition?					F
Tail swing clearance?					
Crane barricade?					
Lift area barricaded?					
Has rigging been inspected?					+
Is man basket to be used?					
3.000 - 3.00 A AMERICAN - 196.00 A A CONTROL SO A A CONTROL SO A A A A A A A A A A A A A A A A A A	PECIFIC ISSUES		Yes	No	N/A
		1 4 10		INO	IN/A
Is the isolation point for the job properly disc					ᆜ
Are foreign voltage sources identified and dis			Ш	Ш	Ш
If a switch card is involved, is the crew famil	iar with R-4050 and	l RI-389?			
Has the isolation points on the switch card be	en reviewed with th	ne crew prior to work?			
Is grounding required?		1			
Limited approach boundary established (10 fe	eet)?				
INSTRUMENT S	Yes	No	N/A		
Has temperature and pressure sources been ic					17/21
Is the equipment isolated, control loops in ma					H
Are all process materials contained in process					
sample lines, etc.) drained, neutralized, cappe		mes, impuise tuomg,			
	IFIC ISSUES		Yes	No	N/A
Are uneven surfaces identified and mitigated			1 CS	INU	IN/A
Are vehicle entry permits required?	<u> </u>		─		-
Are there conflicting jobs in the area? Yes	No If yes	s, are they identified?			
Is barricade tape / tags required for overhead		s, are mey idenumed?			
		rataction for the job?			
Is fall protection required? If so, are workers					
Are scaffolding planks being used to stand or		,	duon		
Critical Process Equipment and Alarm Transi will it take out a critical piece of equipment?		ii toois or equipment o			
OTHER SPECIFIC ISSUES	ADDITIONAL S.	AFETY CONCERNS	S AND CORRE	ECTIVE ACTIO	NS TAKEN
JHA SHIFT RENEWAL: The following r	nust be dated, initial	ed and checked daily:			
Date: Mechanic Initial:	Same Crew	The state of the s	No Changes 🗌	Discussed with	Operations
Date: Mechanic Initial: Same Crew _ Same Job _ No Cl				Discussed with	Operations
Date: Mechanic Initial:	Same Crew		No Changes	Discussed with	_
Date: Mechanic Initial:					Operations
MS Expressions/referenc/ref_inst/RI-New/ri-					010

Date:	Mechanic Initial:	Same Crew	Same Job	No Changes	Discussed with Operations